

lent, accordingly as the gonorrhœa is in its acute or chronic stage; and when the patient has gonorrhœa several times, this lesion will be found always reproduced. The lesion consists in the gonorrhœal condition of one of the mucous follicles of the urethra, and constitutes a highly troublesome complication of the ordinary urethral affection, as respects the curability of this latter and the prolongation of contagiosity. The contagious pus which issues from the follicle is small in quantity and intermittent in appearance, and the lesion may be easily overlooked. Unaffected by injections and balsamiferous urine which do not come in contact with it, this lesion may persist long after that of the urethra has been cured, and as long as it does persist, infection continues. After trying various means for its cure, M. Diday has come to the conclusion that the only one which is feasible is the obliteration of the abnormal cavity by means of the actual cautery. He at first effected this by introducing a small heated needle into the orifice, and carrying it to the end of the passage; but as the doing this is somewhat tedious, the needle had time to cool before reaching its destination. The plan he has finally arrived at, and the one which he recommends as quite successful, is to pass a small knitting-needle to the very bottom of the duct, and shielding the glans by means of a paper covering, to heat the needle by placing a candle under it until the orifice is whitened, and a grizzling sound is heard. This amount of cauterization suffices for the cure, and when performed thus slowly, is easily effected. All acute inflammatory action must have subsided before it is put into force.

M. Diday takes occasion to observe, that in gonorrhœa the inflammation does not occupy the surface of the canal, but is engaged with a number of follicles similar to the one mentioned above, and that our object in its treatment should be to retain medicinal agents in the urethra as long as possible, so that they may penetrate into these little recesses. This may be done, in the case of urine charged with copaiba or cubebs, by means of a forceps contrived by M. Diday, the urine being thus kept for several hours in contact with the parts. When injections are employed, too, pressure should be made by the fingers at the entrance of the urethra and behind the scrotum, the fluid thus, imprisoned being then forced to and fro.—*Brit. & For. Med.-Chirurg. Rev.*, April, 1861, from *Gazette Hebdomadaire*, 1860, No. 45.

OPHTHALMOLOGY.

35. *Impairments of Vision caused by Lactation.*—MR. GEO. LAWSON has published (*London Med. Rev.*, May, 1861) some interesting remarks on the impairments of vision so common in feeble women, or those labouring under exhaustion, during the period of lactation. Mr. L. points out two distinct forms of the disease. "In the one the eye is directly affected, and there is sufficient manifestation of morbid action to account for all the impairment of vision of which the patient complains. In the other the defect appears to be central or cerebral. The appearance of the eye is normal, or the conjunctiva may look, perhaps, more pale or blue than usual, corresponding with the anæmic condition of the patient, or sometimes it may be even a little injected, but there is nothing to be seen either externally or with the ophthalmoscope to account for the deficiency of sight from which she suffers.

"In the first form the symptoms are as follows: The patient complains of her eye being bloodshot; a feeling of giddiness; and of some slight intolerance of light. There is an inability to read long, as the lines become misty and the words run together; the eye looks inflamed, irritable, and watery, presenting very much the appearance of one from which a foreign body, as a bit of dust, or a spicula of iron, had been lately removed. It has a generally pink appearance, and the ciliary veins are rather large, showing internal congestion. If the case be a severe one, the redness increases, as does also the impairment of vision, until she is able scarcely to read large cannon type; the pupils are sluggish and rather

contracted; her pulse quick and small; and her appearance that of exhaustion, accompanied with some febrile symptoms. Her sleep is disturbed; and on rising in the morning she has a feeling of giddiness and lassitude as if she had never been to bed. The appetite is bad.

"The case is one of choroidal congestion, and this congestion is passive. It is dependent on anæmia, and on an exhausted condition of the nervous system produced by suckling. The delicate vessels of the choroid, furnished as they are with filaments from the sympathetic nerve, are capable in health of maintaining their proper calibre during the circulation of the blood in them; but when the patient has become exhausted by long suckling, and exhausted to an extent which no other cause seems capable of producing, these vessels seem to lose the control of their sympathetic filaments, and to yield before the impulse of the blood, and thus become distended. Choroidal congestion is produced, and its effects are soon realized. That this congestion is the result of a deficient sympathetic nervous supply is clear from the experience of Brown-Séquard, who divided in a rabbit the sympathetic nerve in the neck, and immediately produced a turgescence of all the parts above the seat of the division, the side of the head and face in which the division was effected becoming visibly congested, and its temperature sensibly increased.

"If the case be now properly treated there is every probability of the eye being soon restored to its normal state; but if the patient continues to nurse and to neglect all those remedies which are placed at her disposal the disease progresses, the iris becomes involved, and a low form of choroido-iritis or choroido-retinitis is the result. Plastic effusions may now take place, and permanent mischief may follow, such as adhesions between the iris and lens, or effusion between the choroid and retina."

In the second form, there is "in the early stage, nothing whatever to be seen on looking at the eye superficially, beyond the pallor of the conjunctiva, which, however, corresponds with the anæmic look of the patient. Frequently there is a little conjunctivitis, associated with a red condition of the edges of the lids and caruncle, appearances which are characteristic of want of power. It is this impairment of vision which is most generally seen in its slightest forms, and for which the surgeon is so frequently consulted. Giddiness and lassitude on rising in the morning, and a failing of the appetite, with general muscular debility, are the early symptoms which indicate that the drain produced by lactation is greater than the patient makes up for by the nourishment she takes.

"Reading is difficult, and is attended with an effort, but the words soon become confused, and the lines run together, and the book or paper is obliged to be thrown away.

"Similar symptoms are described by the poorer classes in reference to their work; they lose the stitches, and cannot see where they last entered the needle.

"These symptoms are so common, that they must have been observed by all, and frequently an improved diet, with tonics and other means which are used for the improvement of the health, may enable the patient to continue nursing her child, and at the same time to afford relief to the symptoms she is suffering from. The condition of sight of the patient at this period, may be described as that of asthenopia. Debilitated by an exhausting cause, her nervous energy is enfeebled, and the general muscular debility which exists in such cases is strikingly shown in the want of power which prevents the patient maintaining the action of the ciliary muscle for accommodating the eye to near objects, and thus converging the rays to a focus on the retina. On first opening a book, the patient for a time is able to read, but the ciliary muscle soon becomes exhausted, and relaxing itself, the image is immediately either entirely or partially thrown out of focus, and becomes either indistinct or else completely lost.

"The eye, examined with the ophthalmoscope, is normal, or, perhaps, the fundus may be more pallid than is usual, but there is nothing seen to account for the great impairment of vision which exists. It is to some central change that we must attribute the want of the due appreciation of the images which are formed on the retina. The cornea and all the humours of the eye are clear, and light is freely admitted within the globe, and yet the patient fails to see. It may be that the brain is deprived of some of the elements essential to its proper

nutrition by the drain which excessive lactation produces in the mother, and that for the want of a better term we must attribute it to an exhausted nervous energy.

"But if this affection advances, further changes undoubtedly take place, and in addition to the patient losing, to a great extent, the power of focusing the eye for more than a short time for near objects, or requiring continually to re-adjust itself, the retina becomes somewhat insensible to the images which are formed upon it, and from at first only appreciating large and dark objects, it gradually ceases to take cognizance of them at all, and a state of amaurosis is established. It is difficult to estimate the cause of this amaurotic state, or to ascertain what are the pathological changes which produce it. That this amaurotic condition is dependent on suckling is proved by the fact that it can be greatly relieved, and often cured, if properly treated; first, by weaning the child; and secondly by the free use of those tonics which seem to have a special action in invigorating and restoring tone to the nervous system.

"Some women can never for any length of time suckle their children, for after a few weeks, or months, the eyes become affected, and the impairment of vision increasing, they are compelled to cease.

"If, in spite of the continuance of the symptoms, the woman continues to nurse her child, the case may proceed from bad to worse, and what at first was only a functional disease, may ultimately become an organic one, from atrophy and waste of the parts from want of use, and the eye, which originally exhibited no abnormal appearance, may assume the peculiar condition of one which has long been deprived of its power of sight, and the large bluish-white optic disk, with the shrunken and thready retinal vessels and the patches of atrophied choroid, indicate that changes have taken place which give little hope for future recovery."

In the treatment of these cases, Mr. L. says: "The first and manifest course to be adopted is, if the case is a severe one, at once to remove the exciting cause, and to order the mother to wean the child. If the case is one of choroidal congestion, attended with some photophobia, the patient should be prevented exposing her eyes to strong light; the room in which she sits should be slightly darkened, and she should not be allowed to use her eyes, either in attempting to read or to do any needlework. She need not confine herself to the house, but, on the contrary, a moderate amount of out-door exercise will do good, but the eyes should be protected from any strong sunlight by wearing a pair of cobalt blue glasses, of any shade which she finds most comfortable. The frequent application of cold is often a source of relief, and this may be applied either by cold sponging, or else by a douche, using it with the lids gently closed, four or five times during the day. The bowels should be carefully regulated with pil. hyd. c. colocynth. or some other mild alterative. It is seldom that a mercurial course is required, indeed there is no indication for such a line of treatment, unless the congestion of the choroid has extended to the iris, and a chronic choroido-iritis has been established, in which case mercurials are undoubtedly called for, but quinine should at the same time be freely administered. In all cases quinine with iron seems to be the medicine which affords the greatest relief, or it may be given alone if the iron is not required. In some cases where there is a condition of great anæmia the *mist. ferri comp.* is a most valuable medicine.

"In the second class of cases, in which the eye itself evidences no internal congestion, but the impairment of vision appears to be cerebral, very much the same line of treatment is required. Weaning the child, absolute rest to the eye, good diet, and the free exhibition of steel and quinine are the remedies which afford the patient the greatest benefit, and which generally succeed in restoring perfect sight to the patient. The class of cases which seem to derive no benefit from treatment are those in which there has been a long impairment of vision, and suckling has still been continued; when, in spite of repeated warnings, the mother has still continued lactation; and when, as the result of such imprudence, some organic change has taken place either in the nervous apparatus of the eye itself, or in that part of the brain with which the eye is associated. That this change may be molecular, and to us at present inappreciable, is possible, but the

fact of our not being able to understand what lesion exists, does not forbid the idea of one being present."

36. *Hypertrophy of the Connective Tissue of the Optic Nerve in Relation to Albuminuric Amaurosis.*—A case which is of much interest with respect to the occasional complication of amaurosis in albuminuria, has been recently communicated to the Medical Society of Sweden, by Professor MALMSTEN and Dr. GYLLENSCHJÖLD.

It was that of a man, sixty-six years of age, who had suffered for several years from albuminuria. After having suddenly lost the sight of the right eye this patient was affected in a similarly abrupt manner three days subsequently with very marked amblyopia in the left eye. Objects of a large size could alone be distinguished, and this condition, which was not accompanied by any lesion appreciable with the aid of the ophthalmoscope, continued until death.

Upon making a post-mortem examination the kidneys were found to be waxy and enlarged. The retinae were not the seat of any of the morbid appearances which have been noticed by numerous observers in albuminuric amaurosis, but the two optic nerves were completely destroyed at the point of entrance through the sclerotic by a peculiar substance composed of connective and elastic tissue. This mass, in which the nervous filaments were found, as it were, smothered, commenced in the neurilemma, at the border of the sclerotic, and was continued, under the form of fibrous strings, between the nervous filaments.

Professor Malmsten stated that he had found this singular deposit in three persons who had become amaurotic at an advanced period of Bright's disease, and in whom the retinae and other parts of the eye presented no abnormal appearance.

Apart from the ecchymosis and infiltrations into the retina occasionally noticed in albuminuric amaurosis, this injury to the optic nerve deserves the attention of the physician as one of the causes of that complication of Bright's disease, the relative importance of which remains to be determined.

In alluding to the observations of Professor Malmsten, the "*Gazette Hebdomadaire*" draws attention to the cases published last year by M. Graefe, in which the hypertrophy of the interstitial cellular tissue of the optic nerve, with sanguineous injection, was consecutive to intercranial tumours and to cerebritis.—*London Med. Rev.*, May, 1861.

MIDWIFERY.

37. *Treatment of Cases of Abortion in which the Membranes and Placenta are retained.*—Dr. W. O. PRIESTLEY read a very interesting paper on this subject, before the Obstetrical Society of London (May 1, 1861). The author began by observing that when abortion occurs in the early weeks, the ovum is frequently expelled without rupture of any of the membranes except the external decidua, because the attachments to the uterine cavity are unstable; the mass is then smaller and less difficult to push through the os uteri, and the contractile power of the uterus is very feeble. In the third, fourth, and fifth months the decidual cavity is obliterated, the placenta has acquired more intimate attachments to the womb, and the contractile power of the uterus being greater, rupture of the membranes commonly takes place before expulsion. The embryo having escaped, the secundines may speedily follow, or, lying in the os uteri, they may be removed by the finger or some simple instrument. In a considerable number of abortions, however, in which the fetus and liquor amnii have been voided, the secundines are not soon extruded; and after the uterus has made repeated ineffectual attempts to expel them the os uteri closes and action ceases. Instances of this kind are common in obstetric practice, and are often a source of much embarrassment to the practitioner. Obstetric authorities differ widely as to the treatment which ought to be adopted when the secundines are